

Candidate  
Annual Report of Receipts and Disbursements  
2009Candidate's Name J. P. COMPRETTEFull Address 110 SCIANNA LANETelephone 228 467 7618 Fax 228 467 3118Contact Name \_\_\_\_\_ Email COMPRETTE@MCHSI.COMOffice Sought House of Rep. Political Party DEMOCRAT☐ Check here if above is different from previous reportTYPE OF REPORT☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligationsIMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$7500 <sup>00</sup> + \$1000 <sup>00</sup>	\$8500 <sup>00</sup>	\$8500 <sup>00</sup>
Total amount of disbursements	\$2400 <sup>00</sup> + \$4600 <sup>00</sup>	\$7000 <sup>00</sup>	\$7000 <sup>00</sup>
Total amount of cash on hand		\$1500 <sup>00</sup>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate J. P. CompretteDate 01-28-10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee J.P. ComPRETTAReporting period 01-01-09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>COMCAST CORPORATION</u>		<u>01/31/09</u>	\$ <u>500<sup>00</sup></u>
Mailing Address: <u>ONE COMCAST CENTER</u>		<u>___/___/___</u>	\$
City, State, Zip Code: <u>Philadelphia PA. 1903-2838</u>		<u>___/___/___</u>	\$
Name of Employer (Required): <u>SAME</u>		<u>___/___/___</u>	\$
Occupation (Required): <u>COMMUNICATIONS</u>		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>ANHEUSER BUSCH COMPANIES, INC</u>		<u>12/28/09</u>	\$ <u>500<sup>00</sup></u>
Mailing Address: <u>ONE BUSCH PLACE</u>		<u>___/___/___</u>	\$
City, State, Zip Code: <u>ST. LOUIS MISSOURI 63110-1852</u>		<u>___/___/___</u>	\$
Name of Employer (Required): <u>SAME</u>		<u>___/___/___</u>	\$
Occupation (Required): <u>BREWERY</u>		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>DENBURY RESOURCES INC.</u>		<u>12/31/09</u>	\$ <u>500<sup>00</sup></u>
Mailing Address: <u>5100 TENNYSON PARKWAY SUITE 1200</u>		<u>___/___/___</u>	\$
City, State, Zip Code: <u>PLANO TX 75024</u>		<u>___/___/___</u>	\$
Name of Employer (Required): <u>SAME</u>		<u>___/___/___</u>	\$
Occupation (Required): <u>PIPELINE CONST</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>WAL PAC - WALMART STORES INC</u>		<u>11/24/09</u>	\$ <u>500<sup>00</sup></u>
Mailing Address: <u>702 SW 8TH STREET</u>		<u>___/___/___</u>	\$
City, State, Zip Code: <u>BENTONVILLE AR 72716-0150</u>		<u>___/___/___</u>	\$
Name of Employer (Required): <u>WAL MART STORES</u>		<u>___/___/___</u>	\$
Occupation (Required): <u>RETAIL SALES</u>		Aggregate year-to-date	\$

Name of Candidate or Committee J.P. COMPRETTAReporting period 01-01-09 through 12-31-09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BAKER DONELSON MS. PAC</u>		<u>01/02/09</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>P.O. Box 14167</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>JACKSON MS 39236</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>BAKER DONELSON ETAL</u>		<u>—/—/—</u>	\$
Occupation (Required) <u>LEGAL</u>		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHECKS INTO CASH OF MS. INC</u>		<u>07/07/09</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address <u>P.O. Box 550</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>CLEVELAND, TN 37364-0550</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>COMMUNITY FINANCIAL SERVICES/AMERICA</u>		<u>—/—/—</u>	\$
Occupation (Required) <u>FINANCIAL SERVICES</u>		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHEVRON PRODUCTS USA INC</u>		<u>10/15/09</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address <u>P.O. Box 1300</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>PASCAGOULA MS. 39568</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>CHEVRON USA INC</u>		<u>—/—/—</u>	\$
Occupation (Required) <u>PETROLEUM REFINERY</u>		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ALTRIA Client Services INC</u>		<u>11/03/09</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address <u>333 N. Point Center E.</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Alpharetta GA. 30022</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>SAME</u>		<u>—/—/—</u>	\$
Occupation (Required) <u>Rep. Corp Clients</u>		Aggregate year-to-date	\$

Name of Candidate or Committee J.P. COMPRETTA  
 Reporting period 01-01-09 through 12-31-09

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GRAND TRUNK RAILROAD</u>	<u>12/11/09</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>113 GREEN OAK COVE</u>	<u>  1  1  </u>	\$
City, State, Zip Code <u>CLINTON MS 39056</u>	<u>  1  1  </u>	\$
Name of Employer (Required) <u>SAME</u>	<u>  1  1  </u>	\$
Occupation (Required) <u>TRANSPORTATION</u>	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS. DENTAL PAC</u>	<u>12/11/09</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address <u>2630 RIDGEWOOD RD</u>	<u>  1  1  </u>	\$
City, State, Zip Code <u>JACKSON MS 39216</u>	<u>  1  1  </u>	\$
Name of Employer (Required) <u>SAME</u>	<u>  1  1  </u>	\$
Occupation (Required) <u>DENTAL SERVICES</u>	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CSX TRANSPORTATION INC</u>	<u>12/12/09</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>P.O. BOX 44057</u>	<u>  1  1  </u>	\$
City, State, Zip Code <u>JACKSONVILLE FL 32231</u>	<u>  1  1  </u>	\$
Name of Employer (Required) <u>SAME</u>	<u>  1  1  </u>	\$
Occupation (Required) <u>RAILROAD TRANSPORTATION</u>	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CAPITOL ADVOCACY GROUP PAC</u>	<u>10/26/09</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>P.O. BOX 217</u>	<u>  1  1  </u>	\$
City, State, Zip Code <u>JACKSON MS. 39205</u>	<u>  1  1  </u>	\$
Name of Employer (Required) <u>SAME</u>	<u>  1  1  </u>	\$
Occupation (Required) <u>LOBBYIST</u>	Aggregate year-to-date	\$

Name of Candidate or Committee J. P. ComprettaPage 1 of 1Reporting period 01-01-09 through 12-31-09

## ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>STEWART</u>			
Mailing Address			
<u>1100 West Capitol ST</u>		<u>03/30/09</u>	\$ <u>420.00</u>
City, State, Zip Code			
<u>JACKSON MS. 3203</u>		<u>12/9/09</u>	\$ <u>200.00</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>620.00</u>
<u>DONATION</u>			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>BAY HIGH BOOSTER CLUB</u>			
Mailing Address			
<u>BLUE MEADOW ROAD</u>		<u>07/16/09</u>	\$ <u>280.00</u>
City, State, Zip Code			
<u>BAY ST LOUIS MS 39520</u>		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>280.00</u>
<u>DONATION</u>			
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>J. P. Compretta</u>			
Mailing Address			
<u>110 SCIANNA LANE</u>		<u>07/23/09</u>	\$ <u>580.00</u>
City, State, Zip Code			
<u>BAY ST LOUIS MS. 39520</u>		<u>09/15/09</u>	\$ <u>1000.00</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>1580.00</u>
<u>CAMPAIGN EXPENSES</u>			
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
		<u>1/1/</u>	\$
City, State, Zip Code			
		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
		<u>1/1/</u>	\$
City, State, Zip Code			
		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
		<u>1/1/</u>	\$
City, State, Zip Code			
		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$